# Utah Department of Environmental Quality Division of Drinking Water

### **Public Water System Inventory Report**

Run Date: 08/04/2011 12:13 pm

PWS ID: UTAH15008 Name: MORGAN CITY WATER SYSTEM

Legal Contact MORGAN CITY WATER SYSTEM Rating: Approved

JAMIE EUGENE GRANDPRE Rating Date: 04/08/1980

Address: PO BOX 1085 Activity Status: Active

MORGAN, UT 84050

Phone Number: 801-829-3461

City Served (Area):

County: MORGAN COUNTY

Gal/Day Gal/Min

System Type:CommunityLast Inv Update:05/28/2010Avg Daily Prod:Activity Status Cd:ActiveLast Snty Srv Dt:10/13/2009Total Dsgn Cap:Population:3,250Surveyor:JANET LEETotal Emerg Cap:

Oper Period: 1/1 to 12/31

**Contacts** 

Contact	Phone Numbers								
Type	Name	Title	Office	Emergency	Email Address				
AC	GRANDPRE, JAMIE EUGENE		801-829-3461	801-845-7113	jgrandpre@qwestoffice.net				

#### **Service Connections**

Connection			Number	
Type	Meter Type Code	Meter Size	Connections	S
Residential	Metered/Unm	0	986	
Commercial	Unknown	0	197	
			1,183 <b>1</b>	— Гotal Svc Connection

#### Storage

Total Storage: 3,350,000 GAI Number of Units: 4 Adequate Capacity: NO

No.	Name	Туре	Effective Volume	Constr Matrl	Overflow Elev	Activity Status	Press'd
ST00	1 LANDMARK STORAGE	Ground	2,000,000 GAL	Concrete		Α	NO
ST00	2 NORTH MORGAN SPRINGS STORA	Ground	100,000 GAL	Concrete		Α	NO
ST00	3 MAHOGANY RIDGE STORAGE	Ground	750,000 GAL	Concrete		Α	NO
ST00	4 ROBINSON SPRINGS STORAGE	Ground	500,000 GAL	Concrete		Α	NO

#### **Treatment Plants**

No.	Plant Name	Approved Design Capacity (gal/day)	Activity Status	Treatment Process
TP001	WELL #1 CHLOR DISCONNECTED		1	
TP004	ROBINSON SPRING CHLORINATOR		A	
TP005	N MORGAN SPRING CHLORINATOR		Α	
TP007	MAHOGANY RIDGE CHLORINATOR		Α	
TP008	ISLAND ROAD #5 CHLORINATOR		Р	

# **Pumping Stations**

Facility No	Facility Name	Activity Status	Capacity	Avail	Emerg Power	Operating Category	Total Dynamic Head
PF001	ROBINSON SPRINGS BOOSTER S A			Р	•		<u> </u>

# **Distribution System**

	Total Dy	n Head	Pressure	Cross	Auhority
Pump Type	ft H2O	P.S.I.	Adequate	Connection	Statement
			No		

# Sources

No.	Source Name	Activity Status	Source Type	Well Dia.	Safe Yield *	Pump Capacity	Location Data On File	Water Type	Availability	Period of Operation	Grnd Wtr Indicator
WS001	WELL #1 DISCONNECTED	Inactive	WL	8	170 GPM		Yes	GW	Other		
WS002	WELL #2	Inactive	WL	12	350 GPM	350 GPM	Yes	GW	Seasonal		
WS003	BRADT SPRING	Active	SP				Yes	GW	Permanent	1/1 to 12/31	
WS004	ROBINSON SPRING	Active	SP				Yes	GW	Permanent	1/1 to 12/31	
WS005	N MORGAN SPRING	Active	SP				Yes	GW	Permanent	1/1 to 12/31	
WS006	PARK WELL #3	Active	WL	16	1000 GPM	1,000 GPM	Yes	GW	Seasonal	5/1 to 9/30	
WS007	MAHOGANY RIDGE WELL #	Active	WL		500 GPM	500 GPM	Yes	GW	Permanent	1/1 to 12/31	
WS008	ISLAND ROAD WELL #5	Active	WL		1000 GPM	1,000 GPM	Yes	GW	Seasonal		

<sup>\*</sup>Reports measured flow for wells, approved design capacity for all other sources.